

## Clinical Nurse and Psychiatric Nurse Salary Placement Form

After the department has completed interviews and has selected a candidate, the department must complete the Clinical Nurse and Psychiatric Nurse Salary Placement Form (Form) **for all Clinical Nurse and Psychiatric Nurse positions** and submit the completed Form, along with the application of the selected candidate, to Employee Services Agency – Human Resources (ESA-HR) for approval.

The department may request to hire a nurse at a salary step higher than the lowest step listed in the Basic Salary Plan. If the request is for appointment to Step 4 or Step 5, ESA-HR will forward the request to OBA for approval. If the request is for a Clinical Nurse III step I or step II, you must receive your Director's approval. Once approved by ESA-HR and OBA, this Form must be attached to the ePAR of the newly hired employee.

Candidate Name: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Requestor Email: \_\_\_\_\_

### **Position Information**

Job Code: \_\_\_\_\_ Job Title: \_\_\_\_\_

Positions Number: \_\_\_\_\_ Budget Unit: \_\_\_\_\_ Cost Center: \_\_\_\_\_ Department Name: \_\_\_\_\_

### **Salary Placement Request**

As the hiring authority, I attest that the candidate's application is complete and includes all experience discussed during the interview. \_\_\_\_\_

Manager Initials

Select one:

- Hire at lowest step or the beginning of the broad range  
 I am requesting to hire this nurse at a salary higher than the lowest step listed in the Basic Salary Plan.

Candidate's number of years of full-time experience in a competency area: \_\_\_\_\_

Step Requested: \_\_\_\_\_ Full Year Cost Difference: \_\_\_\_\_

### **For Per Diem Only**

Candidate's number of years of full-time experience in a competency area above the employment standards: \_\_\_\_\_

Desired Per Diem Rate: \_\_\_\_\_

### **Manager/Supervisor Information**

Mgr/Spv Name: \_\_\_\_\_ Mgr/Spv Signature: \_\_\_\_\_

Mgr/Spv Email: \_\_\_\_\_ Mgr/Spv Sign. Date: \_\_\_\_\_

### **Director's Review for a Clinical Nurse III step 1 or 2 ONLY:**

Review Date: \_\_\_\_\_ Director's Name: \_\_\_\_\_ Director's Signature: \_\_\_\_\_

### **ESA-HR Review**

Approved  Denied Review Date: \_\_\_\_\_ Analyst Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **OBA Review (4<sup>th</sup> or 5<sup>th</sup> Steps Only)**

Approved  Denied Review Date: \_\_\_\_\_ OBA Analyst Name: \_\_\_\_\_ Signature: \_\_\_\_\_

CC: Department Contact